## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Saffari et al.

Attorney Docket No.:

Application No.: 10/756,429

Filed: January 13, 2004

Examiner: Steven J. Hylinski

Title: MULTI-PLAYER BINGO WITH SLEPT
AWARDS REVERTING TO PROGRESSIVE
JACKPOT POOL

Confirmation No.: 2211

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on MAY 26, 2009

Signed: / Valerie Padgett / Typed: Valerie Padgett

## REQUEST FOR CONTINUED EXAMINATION (RCE) (37 CFR §1.114)

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

## 1. Submission required under 37 C.F.R. §1.114:

| a. |            | Previously submitted  |  |  |
|----|------------|---|--|--|
|    | i.         | Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on   |  |  |
|    | ii.        | (Any unentered amendment referred to above will be entered.)  Consider the arguments in the Appeal Brief or Reply Brief previously filed on |  |  |
|    | iii.       | Other   |  |  |
| b. | □ Enclosed |   |  |  |
|    | i.         | Amendment/Reply   |  |  |
|    | ii.        | Affidavit/Declaration   |  |  |
|    | iii.       | ☐ Information Disclosure Statement with Form PTO-1449   |  |  |
|    |            | Copies of IDS Citations   |  |  |
|    | _          | Other .   |  |  |

2. **Fees**: (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

|                          | Claims<br>After<br>Amendment                               |                                     | Highest<br>Previously<br>Paid For | Present<br>Extra | Large Entity<br>Rate Fee |  |
|--------------------------|--|-------------------------------------|-----------------------------------|------------------|--------------------------|--|
| Total Claims             | 30   | MINUS                               | 42                                | 0                | x 52 = 0                 |  |
| Independent Claims       | 6  | MINUS                               | 22                                | 0                | x 220 = 0                |  |
| Multiple Dependent Clair | ltiple Dependent Claim Present and Fee Not Previously Paid |                                     |                                   |                  |                          |  |
| Fee for Request for Cor  | ntinued Examin   | xamination Under 37 C.F.R. §1.17(e) |                                   |                  | \$810.00                 |  |
|                          |  |                                     |                                   | TOTAL            | \$810.00                 |  |
| SMALL ENTITY 50%         | MALL ENTITY 50% FILING FEE REDUCTION (if applicable)       |                                     |                                   |                  |                          |  |

|             | a. | Applicant hereby petitions for a month extension of time.                                |  |  |  |  |  |  |
|-------------|----|--|--|--|--|--|--|--|
|             | b. | Applicant believes that no (additional) extension of time is required; however, if it is |  |  |  |  |  |  |
|             |    | determined that such an extension is required, Applicant hereby petitions that such an   |  |  |  |  |  |  |
|             |    | extension be granted and authorizes the Director to charge the required fees for an      |  |  |  |  |  |  |
|             |    | extension of time under 37 CFR §1.136 to Deposit Account No. 504480.                     |  |  |  |  |  |  |
|             | c. | Enclosed is our Check No. in the amount of \$ to cover the RCE fee,                      |  |  |  |  |  |  |
|             |    | extension of time and additional fees.   |  |  |  |  |  |  |
| $\boxtimes$ | d. | The Commissioner is authorized to charge the amount of \$810 to cover the RCE fee,       |  |  |  |  |  |  |
|             |    | extension of time and additional fees, or any fees beyond the amount enclosed which may  |  |  |  |  |  |  |
|             |    | be required, or to credit any overpayment, to Deposit Account No. 504480 (Order No.      |  |  |  |  |  |  |
|             |    | IGT1P208G/P-888-005)   |  |  |  |  |  |  |

3. Please continue to send correspondence to the following address:

**Customer Number 79646** 

79646

Date: May 26, 2009

/ David P. Olynick /

David P. Olynick

Registration No. 48,615